PTO/SB/17 (01-06)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Application Number   Og/924.428	Sees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		nipiete ii Know	··	
FOF FY 2006		Application Number			
Examiner Name					
And   Application   And   An	For FY 2006	First Named Inventor	Lei WU		
METHOD OF PAYMENT (check all that apply)		Examiner Name	C. Cheu		
METHOD OF PAYMENT (check all that apply)	X Applicant claims small entity status. See 37 CFR 1.27	Art Unit			
Check	TOTAL AMOUNT OF PAYMENT (\$) 1,190.00	Attorney Docket No.	471842000500	)	
Poposit Account   Deposit Account Number   O3-1952   Deposit Account Name   Morrison & Foerster LLP	METHOD OF PAYMENT (check all that apply)				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    X   Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filling fee     X   Charge any additional fee(s) or underpayment of   X   Credit any overpayments     X   Charge any additional fee(s) or underpayment of   X   Credit any overpayments     X   Charge any additional fee(s) or underpayment of   X   Credit any overpayments     X   Charge any additional fee(s) or underpayment of   X   Credit any overpayments     X   Charge fee(s) indicated below, except for the filling fee     X   Charge any additional fee(s) or underpayment of   X   Credit any overpayments     X   Charge fee(s) indicated below, except for the filling fee     X   Charge fee(s) indicated below, except for the filling fee     X   Charge fee(s) indicated below, except for the filling fee     X   Charge fee(s) indicated below, except for the filling fee     X   Charge fee(s) indicated below, except for the filling fee     X   Charge fee(s) indicated below, except for the filling fee     X   Charge fee(s) indicated below, except for the filling fee     X   Charge fee(s) indicated below, except for the filling fee     X   Credit any overpayments     X   Credit any overpayments	Check Credit Card Money Order None Other (please identify):				
X   Charge fee(s) indicated below   X   Charge fee(s) indicated below.   x   Charge any additional fee(s) or underpayment of fee(s)   x   Charge any additional fee(s) or underpayment of fee(s)   x   Credit any overpayments	x Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP				
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	For the above-identified deposit account, the Director is	hereby authorized to: (ch	eck all that apply)		
Fee(s) under 37 CFR 1.16 and 1.17	x Charge fee(s) indicated below	Charge fee(s) i	ndicated below, ex	ccept for the filing fee	
Second   S					
Part	FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)				
Name					
Name					
Design   200   100   100   50   130   65   0.00     Plant   200   100   300   150   160   80   0.00     Reissue   300   150   500   250   600   300   0.00     Provisional   200   100   0   0   0   0   0   0   0     Provisional   200   100   0   0   0   0   0   0     2. EXCESS CLAIM FEES				Fees Paid (\$)	
Plant   200   100   300   150   160   80   0.00     Reissue   300   150   500   250   600   300   0.00     Provisional   200   100   0   0   0   0   0   0   0.00     Provisional   200   100   0   0   0   0   0   0   0.00     2. EXCESS CLAIM FEES	Utility 300 150 500	250 200	100	0.00	
Reissue 300 150 500 250 600 300 0.00  Provisional 200 100 0 0 0 0 0 0 0.00  2. EXCESS CLAIM FEES	Design 200 100 100	50 130	65	0.00	
Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Plant 200 100 300	150 160	80	0.00	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each claim over 3 (including Reissues) Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims Extra Claims Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  -3 = x = 0.00  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$2.50 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee Paid (\$)	Reissue 300 150 500	250 600	300	0.00	
Fee Description         Fee (\$)         Fee (\$)           Each claim over 20 (including Reissues)         50         25           Each independent claim over 3 (including Reissues)         200         100           Multiple dependent claims         360         180           Total Claims         Extra Claims         Fee (\$)         Fee Paid (\$)         Fee Paid (\$)           — 20 =		0 0	0	0.00	
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  The specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)	2. EXCESS CLAIM FEES Small Entity				
Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  -20 = x = 0.00  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  -3 = x = 0.00  HP = highest number of independent claims paid for, if greator than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)	<u>ree description</u>				
Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  -3 =	· · · · · · · · · · · · · · · · · · ·				
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims  -20 = x = 0.00 Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20. 0.00  Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  -3 = x = 0.00  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  -100 = /50 (round up to a whole number) x = 0.00	· · · · · · · · · · · · · · · · · · ·				
Fee   Fee		Paid (\$)	Multiple Depende	ent Claims	
HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  -3 =					
Total Sheets    X   = 0.00	HP = highest number of total claims paid for, if greater than 20.			0.00	
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets	Indep. Claims Extra Claims Fee (\$) Fee F	Paid (\$)			
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets	x =0	.00			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  -100 = /50 (round up to a whole number) x = 0.00	HP = highest number of independent claims paid for, if greator than 3.				
- 100 = /50 (round up to a whole number) x = 0.00	If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50				
4. OTHER FEE(S) Fees Paid (\$)	- 100 = /50 (round up to a whole number) x = 0.00				
· · ·					
Non-English Specification, \$130 fee (no small entity discount) 0.00					
Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 395.00					
2254 Extension for response within fourth month 795.00					
SUBMITTED BY A DO D D D D D D D D D D D D D D D D D	SUBMITTED BY AQQ				
Signature Registration No. (Attorney/Agent) 44,422 Telephone (858) 720-5113	1100004 - 423 1001		2 Telephone	(858) 720-5113	
Name (Print/Type) Michael G. Smith Date October 5, 2006					